

# Tickets Provided by Agency Report

## A Public Document

TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> City of Fresno		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Facilities & Major Projects Division			
Street Address 2101 G Street, Bldg. A, Fresno, CA 93706			
Area Code/Phone Number 559-621-1487	E-mail facilitiesmgmt@fresno.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Melodee Schwamb, Management Analyst III			

### 2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 28 / 10 Description of Event: Fresno Grizzlies Baseball Skybox Tickets  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 376.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Fresno Baseball, LLC

Number of Tickets Received: 12 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

### 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Bruce Rudd, Interim City Manager

Name of Individual or Organization: Junior Grizzlies Number of Tickets: 12

Description of Organization: Youth baseball league designed for children with disabilities

Address of Organization: 1800 Tulare Street, Fresno, CA 93721  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Promotion of community programs available to City residents, including non-profit organizations and youth programs.

### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Melodee Schwamb Melodee Schwamb Management Analyst III 04/02/2010  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)